

AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			ounty:			
01/05/2024 Month Day Year	Collected 7:20	☑ AN □ PN		SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group B Public	□ Private F □ Other: _	te Household					
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):							
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-793-11	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	Eve. Phone: 425 238 1935		FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected:							
715 CROFT AVE W SAMPLE STATION							
Project Name or Comments: TEMP=7.6C Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.74 mg/l Free 0.67 mg/l		☐ Distribution System☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:					
☐ Triggered (A/P)		, ,					
☐ Assessment (A/P)	Chlorinated: Yes No Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Sample (Enumeration)							
	Filtered Yes_	_ No		_S_			
5. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Residence ☐ Other							
LAB USE ONLY DRIN I	KING WATER	RESULTS	3	LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and			\square	Satisfactory			
☐ E. coli present	☐ E. coli abser	nt					
□ Replacement Sample Required							
Sample not tested because Test unsu				itable because:			
☐ Improper Container ☐ To			☐ Turbid Culture				
Bacterial Density Results: Plate Count / ml.		E.coli	/100 i	nl.			
Total Coliform /100 ml.		Fecal Co	oliform	/100 ml.			
Method Code: SM 9223B			Date Re	eceived: 1/5/2024			
Date Analyzed: 1/ 5/2024, 10:15			Date Reported: 1/8/24				
066-00153			Lab Use Only:				

DOH Form #331-319 (revised 02/16)



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:			
01/05/2024 Month Day Year	Collected 6:50	☑ AN □ PN		SNOHOMISH			
Type of Water System (check of Group A Public ☐ Group B Public		☐ Private Household ☐ Other:					
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):							
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
	Call Dhana: 425 229 1025						
Day Phone: 360-793-11		Cell Phone: 425 238 1935					
01.00 (01	Eve. Phone: 425 238 1935		FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected:							
40507 SR 2 SAMPLE STATION							
Project Name or Comments: TEMP=7.6C							
Type of Sample (select only one type of sample from types 1 through 5 below)							
Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.42 mg/l Free 0.35 mg/l		□ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:					
S							
☐ Triggered (A/P)		Unsatisfactory routine collect date:					
☐ Assessment (A/P)		/					
4. Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal Filtered Yes No _S_							
□ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other							
LAB USE ONLY DRINI	KING WATER	RESULTS	S	LAB USE ONLY			
☐ Unsatisfactory			<u> </u>	☑ Satisfactory			
Total Coliform Present and ☐ E. coli present	☐ E. coli abser	ıt.		•			
☐ Replacement Sample Req		ıı					
Sample not tested because Test unsuitable because:							
☐ Sample too old (>30 hours) ☐ Improper Container		☐ TNTC	☐ Turbid Culture				
<u> </u>							
Bacterial Density Results: Plate Count / ml.		E.coli	/10	0 ml.			
Total Coliform /100 ml.		Fecal Co	oliform	/100 ml.			
Method Code: SM 9223B			Date	Received: 1/ 5/2024			
Date Analyzed: 1/ 5/2024, 10:		Date	Reported: 1/8/24				
066-00151 Sample Number (DOH number plus five digits)			Lab (Jse Only:			



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample		County:				
01/05/2024 Month Day Year	Collected 6:10	☑ AN					
Type of Water System (check only one box) ☐ Group A Public ☐ Group B Public ☐ Other:							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):							
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-793-1101 Cell F			hone: 425 238 1935				
Eve. Phone: 425 238 19	Eve. Phone: 425 238 1935		FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
SAMPLE INFORMATION							
Sample collected by (name):	RICHARD E	BAKER					
Specific location where sample collected:							
102 5TH STREET							
Project Name or Comments: TEMP=7.6C Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.68 mg/l Free 0.62 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:					
☐ Triggered (A/P)							
☐ Assessment (A/P)			// ed: Yes No Resid: Total Free				
Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal	Filtered Yes_	_ No	_S_				
5. □ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other							
LAB USE ONLY DRINI	KING WATER	RESULTS	LAB USE ONLY				
☐ Unsatisfactory			☑ Satisfactory				
Total Coliform Present and ☐ E. coli present	☐ E. coli abser	nt					
☐ Replacement Sample Req			1				
Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC							
☐ Improper Container ☐ Turbid Culture							
Destrict Dessite Dessite							
Bacterial Density Results: Plate Count / ml. E.coli /100 ml.							
Total Coliform /100 ml.		Fecal Col	iform /100 ml.				
Method Code: SM 9223B			Date Received: 1/5/2024				
Date Analyzed: 1/ 5/2024, 10:15			Date Reported: 1/8/24				
066-00152			Lab Use Only:				

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